

STATE OF SOUTH DAKOTA - BUREAU OF ADMINISTRATION - OFFICE OF RECORDS MANAGEMENT - CERTIFICATE OF AUTHENTICITY
THIS IS TO CERTIFY THAT THE MICROPHOTOGRAPHIC IMAGE APPEARING ON THIS SLIDE OF MICROFILM IS AN ACCURATE REPRODUCTION OF THE
ORIGINAL RECORD AND WAS MICROFILMED IN THE REGULAR COURSE OF BUSINESS. ACCORDING TO THE PROVISIONS OF SOUTH DAKOTA COMPILLED
LAW 1-27-4, IT IS FURTHER CERTIFIED THAT THE PHOTOGRAPHIC PROCESS USED FOR MICROFILMING OF THE ABOVE RECORDS WAS IN A MANNER
AND ON MICROFILM WHICH MEET THE RECOMMENDED REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC
REPRODUCTIONS.

PROCLAMATION

WHEREAS, it is necessary for Americans to appreciate fully their heritage of freedom and to rededicate themselves to the preservation of basic American principles, and

WHEREAS, the All-American Conference to Combat Communism, made up of fifty national organizations representing a total membership of some fifty million individuals is, for the 12th successive year, sponsoring the nationally observed Know Your America Week observance, designed to bring the full force of an informed citizenry to bear on democracy's present-day problems, and

WHEREAS, it is essential that the State of South Dakota make this occasion a notable expression of community interest, as is being done in many other states throughout the nation;

NOW, THEREFORE, I, ARCHIE GUBBRUD, Governor of the State of South Dakota do hereby proclaim the period from November 18 to November 24, 1962, as

KNOW YOUR AMERICA WEEK

and call on all the citizens of South Dakota to contribute freely of their time and resources to participate in the commemoration of Know Your America Week in order to preserve our human freedom and defeat communism.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of South Dakota to be affixed this ____ day of November, in the year of our Lord, one thousand nine hundred and sixty-two.

ARCHIE GUBBRUD, GOVERNOR

ATTEST:

Essie W. Anderson
SECRETARY OF STATE

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REDUCTION 25 ROL NO 1 DATE MICROFILMED 1-31-82
CAMERA OPERATOR *[Signature]*